	1. DATE SUBMITTED							
		12/27/99 2/2/00						
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).								
2. ORIGINATOR OFF	TICE 3. SUBN Name:	ЛІТТІNG <i>A</i> Ward Seg	AUTHORITY guin	4. COGNIZANT TEO Name: Mathew Per	CHNICAL INDIVIDUAL outka	5. ORIGINATOR TRACKING NUMBER		
TDL	Routing	Code: W/	APO1	Routing Code: W/OS Phone: 301-713-17		4.2.IPAddr RC_APO22		
6. SYSTEMS AFFECT	TED BY CHANGE	☐ DAT	A PRODUCTS	(Complete Data Produ	cts Supplement)	7. WSH TRACKING NUMBER		
☐ ASOS ☐ AWIPS ☐ CRS ☐ NEXRAD ☐ OTHER (specify)						NWS 540 2/3/00		
8. TITLE OF CHANGE Assign an AWIPS IP Address to support release 5.x alpha release testing of Interactive Forecast preparation System (IFPS)								
9. TYPE OF CHANGE					10. SITES AFFECTED (Att	ach Part B, Page 2, if needed)		
☐ HARDWARE ☐ SOFTWARE ☐ DOCUMENTATION ONLY WFO Grand Rapids, Micl details)						gan (GRR) (see Attach A1A for		
					EM (Include problem report			
Planned enhance baseline.	ements to IFPS rec	quire testir	ng of alpha relea	ase code in a field env	ronment before they are rele	eased into the AWIPS CM		
12. KNOWN OR PRO	POSED SOLUTIO	N (Include	source and des	scription of new featur	es or data products.)			
Assign an AWIPS	S IP address to rui	n alpha rel	lease software o	onto 755 host attache	d to AWIPS LAN.			
13. ALTERNATE SOL	LUTIONS							
N/A								
14. REQUIRED CHANGE DATE	15. RATIONALE	FOR REC	QUIRED CHANG	E DATE (Include propo	sed priority, if known.)			
January 18, 2000	Host must be 0 24, 2000.	Host must be connected to AWIPS LAN and tested before beginning training. Staff training is scheduled for the week of January 24, 2000.						
			CC	B/PMC/CMB DE	CISION			
16. DECISION AUTH	ORITY LEVEL	CCB LEVEL ONLY		NLY	PMC or NWS CME	B DECISION REQUIRED		
17. CCB LEVEL DECI	ISION	☐ APPROVED		SIGNATURE				
			RECOMMENI	D APPROVAL	DATE SIGNED			
			DISAPPROVE	ED				
		R USE (ONLY WHEN	N PMC or NWS (CMB DECISION REQU	JIRED		
18. PMC OR NWS C	MB DECISION		APPROVED		SIGNATURE			
			DISAPPROVE	D	DATE SIGNED			

NWS CHANGE FORM PART B	ORIGINATOR TRACKING NUMBER 4.2.IPAddr			
All RC/ECP submissions must also address the following information. Indicate if any apply. State why information is unknown and when it will be available. Attach extreferencing each applicable subject.	2. WSH TRACKING NUMBER			
FUNDING INFORM	MATION			
Estimate costs and indicate known sources of funding. (Include travel time, installatime, and software development time when applicable.)	3. SOURCE OF FUNDING	4. TOTAL COST \$0		
5. DEVELOPMENT COSTS (Estimate development costs)		KMOD	AMOUNT	
This cost is associated with Release 5.0 development		BASE	\$0	
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation $N\!/\!A$	BASE	AMOUNT \$0		
 PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and doc N/A 	KMOD BASE	AMOUNT \$0		
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring N/A		AMOUNT \$0		
 IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative) N/A 	KMOD BASE	AMOUNT \$0		
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) N/A	KMOD	AMOUNT \$0		
SUPPORTING INFORMATIO Provide detailed information needed to im				
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E)	11. PRODUCTION STATUS/ Solicitation, Contract Start [SCHEDULE (Major mile:		
N/A	N/A			
12. IMPLEMENTATION/RETROFIT SCHEDULE	13. FACILITY INFORMATION	N (Attach facility drawi	ngs/plans.)	
N/A	N/A			
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A	15. COMMUNICATIONS SEIN/A	RVICE/CIRCUITS TO BE	REMOVED	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) N/A	17. COORDINATION OF CHANGE WITH OTHER CHANGES N/A			
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A	19. STAFF RESOURCE IMPA maintainers, operators, and I N/A		ad impact on	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) N/A	21. OPERATIONAL IMPACT and plans.) N/A	S (Include continuity a	nd back up needs	

22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.)

TDL engineers and site personnel will handle the connections under previous RC. The SST will assign the IP address.

1. ORIGINATOR TRACKING NUMBER **NWS CHANGE FORM** 4.2.IPAddr PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced 2. WSH TRACKING NUMBER and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.) 5. SUPERSEDED ITEM OR CONFIGURATION 6. SUPERSEDING PART 8. SUPERSEDED 9. SUPERSEDING 3. ITEM NAME, 7. DOC REMOVE TYPE DOCUMENT NUMBER OR NEW **DOCUMENT** CIRCUIT TYPE, SOFTWARE VERSION, REPLACE B. SERIAL NUMBER(S) OR CONFIGURATION A. PART NUMBER OR A. IDENTIFIER В. Α. B. REV OR SITE LOCATION MODIFY N/A

NIMO CHANCE FORM			ATOR TRACKING NUMBER						
NWS CHANGE FORM PART C	4.2.IPAddr								
WSH is responsible for Part C, but submitters may complete sections that would help cl	2. WSH TI	RACKING NUMBER							
requirement or the necessary implementation actions.	NWS 540								
3. CCB COST EVALUATION									
	/ COST \$ T	**************************************							
NWS COST \$ FAA COST \$ DOD COST \$ OTHER AGENCY COST \$ TOTAL COST \$ (SPECIFY)									
4. IMPLEMENTATION DOCUMENTS REQUIRED									
☐ Engineering Modification Note ☐ Software Release Notes ☐ Other Document (Specify)									
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.									
5. IMPLEMENTATION ACTIVITY REQUIRED	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION						
SST assigns the IP address and inform the TDL engineers	18 Jan 2000	Thigpen/SST, W/APO3							